Case 17-14629-amc Doc 16 Filed 08/11/17 Entered 08/14/17 11:25:52 Desc Main Document Page 1 of 34

Fill in this information to identify your case and this	filing:	amen American	
Debtor 1 TMA MARIE †	TAII—JORCIAN AUG 1	1 2017	
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name Transport Act Act	ARE TO THE	
United States Bankruptcy Court for the: District	of	The second second	
Case number		_	_
	YK		Check if this is an amended filing
Official Form 106A/B			
Schedule A/B: Property	y		12/15
responsible for supplying correct information. If mowrite your name and case number (if known). Answ Part 1: Describe Each Residence, Building, 1. Do you own or have any legal or equitable interes	ore space is needed, attach a separate sheet to the er every question. Land, or Other Real Estate You Own or Ha	is form. On the top of a	
□ No. Go to Part 2.	and, or online, prop		
Yes. Where is the property?			
1.1. 5702 Sprague St	What is the property? Check all that apply. Single-family home Duplex or multi-unit building	Do not deduct secured cla the amount of any secure Creditors Who Have Clair	d claims on Schedule D:
Sincer address, if available, of Cital yessilphon	Condominium or cooperative Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
Ohila DA 19128	Land Investment property	<u>\$ 25,000</u>	\$ 35,000
City State ZIP Code	☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	Who has an interest in the property? Check one.		,
PhilAdelphia county	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Check if this is co	mmunity property
	At least one of the debtors and another	(see instructions)	
	Other information you wish to add about this it property identification number:	em, such as local	
If you own or have more than one, list here:			
1.2.	What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building	Do not deduct secured da the amount of any secure Creditors Who Have Clain	d claims on Schedule D:
Street address, if available, or other description	□ Condominium or cooperative□ Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
	☐ Land ☐ Investment property	\$	\$
City State ZIP Code	Timeshare Other	Describe the nature of interest (such as feet the entireties, or a life	simple, tenancy by
	Who has an interest in the property? Check one.		
	Debtor 1 only		
County	Debtor 2 only	rn.	
	Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is co (see instructions)	mmunity property

property identification number:

Other information you wish to add about this item, such as local

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TIMA MARIE HALL JURdan

First Name Middle Name Last Name

Debtor 1

Case number (if known) 1714629

1.3.	Street address, if available, or other description City State ZIP Code	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the entire property? \$ Describe the nature of interest (such as fee:	d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
		Other Who has an interest in the property? Check one. □ Debtor 1 only	the entireties, or a life	
	County	 □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another 	Check if this is co (see instructions)	mmunity property
2. Add 1	the dollar value of the portion you own for a have attached for Part 1. Write that number l	Other information you wish to add about this ite property identification number: Il of your entries from Part 1, including any entries here.	s for pages	\$
	_			
you own 3. Cars	own, lease, or have legal or equitable intered that someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles	st in any vehicles, whether they are registered or e, also report it on Schedule G: Executory Contracts or motorcycles		5
Do you you own	own, lease, or have legal or equitable intered that someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles	e, also report it on Schedule G: Executory Contracts is, motorcycles Who has an interest in the property? Check one.	and Unexpired Leases. Do not deduct secured cla	airns or exemptions. Put
Do you own 3. Cars	own, lease, or have legal or equitable interesthat someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles loces Make: Model: Year: Approximate mileage:	e, also report it on Schedule G: Executory Contracts on the second secon	and Unexpired Leases.	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property.
Do you own 3. Cars	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles lotes Make: Model: Year:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clathe amount of any secured Creditors Who Have Claim	aims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. Current value of the
Do you you own 3. Cars N Y 3.1.	own, lease, or have legal or equitable interesthat someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles loces Make: Model: Year: Approximate mileage:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see	Do not deduct secured clathe amount of any secured Creditors Who Have Claim	aims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property.</i> Current value of the portion you own?
Do you you own 3. Cars N Y 3.1.	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles loses Make: Model: Year: Approximate mileage: Other information:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured clathe amount of any secured Creditors Who Have Claim	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$
Do you you own 3. Cars N 3.1.	own, lease, or have legal or equitable interest that someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles lowes. Make: Model: Year: Approximate mileage: Other information: I own or have more than one, describe here: Make:	who has an interest in the property? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any secured clather amount of any secured clather amount of any secured clather amount of any secured.	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$

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Debtor 1

	NA MAR	\ I	ocument Page 3	Of 34 Case number (if known)_	1714629
irst Name	Middle Name	Last Name			

3.3.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any secure	
	Model:	Debtor 1 only	Creditors Who Have Clair	
	Year:	Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
		At least one of the debtors and another		
	Other information:	☐ Check if this is community property (see instructions)	\$	\$
3,4.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any secure	
	Model:	Debtor 1 only	Creditors Who Have Clair	
	Year:	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the	Current value of the
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
	Other information:	At least one of the deptors and another		
	Cuter information.	☐ Check if this is community property (see instructions)	\$	\$
∕ □ Y	es Make:	Who has an interest in the property? Check one.	Do not deduct secured dathe amount of any secure	
	Model:	Debtor 1 only	Creditors Who Have Clair	
	Year:	Debtor 2 only Debtor 1 and Debtor 2 only	remotence to the energy and other representations of the factories of the energy Advice Contract Action (Action Contract Action Contract Actio	
	Other information:	At least one of the debtors and another	Current value of the entire property?	Current value of the portion you own?
		☐ Check if this is community property (see instructions)	\$	\$
lf you	own or have more than one, list here:		\$	\$
•	own or have more than one, list here: Make:		\$	aims or exemptions. Put
If you 4.2.	Make:	instructions)	the amount of any secure	aims or exemptions. Put d claims on <i>Schedule D</i> :
•	Make:	instructions) Who has an interest in the property? Check one.	the amount of any secured Creditors Who Have Claim	aims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property</i> .
•	Make: Model: Year:	instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any securer Creditors Who Have Claim Current value of the	aims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property</i> . Current value of the
•	Make:	instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	the amount of any secured Creditors Who Have Claim	aims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property</i> .
•	Make: Model: Year:	instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	the amount of any securer Creditors Who Have Claim Current value of the	aims or exemptions. Put d claims on Schedule D: ns Secured by Property. Current value of the

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Debtor 1

TINA	M	MIF	Doc	ument H	Pag (In)
	1 1 13	MNI-	1 ' / '	1 Jun	
First Name	Middle Name	Last N	ame		

Case number (*if known*) 1714629

Part 3:	Describe	Your Personal	and	Household	Items

Do	you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and furnishings	
	Examples: Major appliances, furniture, linens, china, kitchenware	
	O No	lelann
	Yes. Describe Kitchen table Sufa, two two Bedram set Flor	ks 1,000
7.	Electronics	~
	Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
	No Day 2 1 1 2 1 1 2 2 1 1 2 2 1 2 2 2 2 2 2	900 00
	Tyes. Describetwo ty's, cell phone, tablet	s_900.00
8.	Collectibles of value	
4	Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
/	△ No]
	Yes. Describe	\$
9.	Equipment for sports and hobbies	
	Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes	
	and kayaks; carpentry tools; musical instruments	
	X No Yes. Describe	\$
		Φ
10.	Firearms	
	Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
1	No Yes. Describe	\$
		Φ
11.	Clothes	
	Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories	
	Yes. Describe	\$ 500.00
12.	Jewelry	
	Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
	□ No	<u> 500.00</u>
,	X Yes. Describe Welding Dand, Clastume Tewelry	s <u>300,00</u>
13.	Non-farm animals	
	Examples: Dogs, cats, birds, horses	
,	□ No	110000
,	X Yes. Describe 2 DOGS, 4 Cat	s 40.00
14.	ا سے اللہ اللہ اللہ اللہ اللہ اللہ اللہ الل	
١	Ma No	
V	Yes. Give specific	e
	information	\$
	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	2940.00
	for Part 3. Write that number here	

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Debtor 1

TinA	MARIE	HAI	FJordan
First Name	Middle Name	Last Name	

Describe Your Financial Assets

Do you own or have any	legal or equitable interest in	any of the following?	Current value of the portion you own?
			Do not deduct secured claims or exemptions.
16. Cash Examples: Money you h	nave in your wallet, in your hor	ne, in a safe deposit box, and on hand when you file your petition	1
□ No			000 00
Tes		Cash:	s <u>250,00</u>
		unts; certificates of deposit; shares in credit unions, brokerage ho nultiple accounts with the same institution, list each.	uses,
✓ 1 Yes		Institution name:	
	17.1. Checking account:		\$
	17.2. Checking account:		\$
	17.3. Savings account:		\$
	17.4. Savings account:		\$
	17.5. Certificates of deposit:		\$
	17.6. Other financial account:		\$
	17.7. Other financial account:		\$
	17.8. Other financial account:	****	 \$
	17.9. Other financial account:		\$
18. Bonds, mutual funds, of Examples: Bond funds, i	•	erage firms, money market accounts	
Yes	Institution or issuer name:		
	***************************************		\$
			\$
	Water Control of Contr		 \$
19. Non-publicly traded st an LLC, partnership, a		rated and unincorporated businesses, including an interest i	n
No	Name of entity:	% of ownership:	
Yes. Give specific information about			\$
them			\$
			\$

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Debtor 1

TINA	MARIE	HAI	Tordan
First Name Mi	ddle Name	Last Name	

Sovernment and corpo		cashiers' checks, promissory notes, and money orders.	
Vegotiable instrume Non-negotiable instrume	ents are those you canno	transfer to someone by signing or delivering them.	
No Yes. Give specific	Issuer name:		
information about them			_ \$
			- \$
			\$
etirement or pension xamples: Interests in IF No), 403(b), thrift savings accounts, or other pension or profit-sharing plar	ns
Yes. List each account separately.	Type of account: Ins	stitution name:	
	401(k) or similar plan:		
	Pension plan:		_ \$
	IRA:		_ \$
	Retirement account:		\$
	Keogh:		\$
	Additional account:		\$
our share of all unused	Additional account: prepayments deposits you have made	so that you may continue service or use from a company	_ \$
our share of all unused camples: Agreements v	Additional account: prepayments deposits you have made		
our share of all unused camples: Agreements of mpanies, or others	Additional account: prepayments deposits you have made with landlords, prepaid re	so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications	
our share of all unused amples: Agreements	Additional account: prepayments deposits you have made with landlords, prepaid re	so that you may continue service or use from a company	
our share of all unused amples: Agreements of mpanies, or others	Additional account: prepayments deposits you have made with landlords, prepaid re Institut	so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications	- \$ \$
our share of all unused amples: Agreements of mpanies, or others	Additional account: prepayments deposits you have made with landlords, prepaid re Institut Electric: Gas:	so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications	- \$ \$ \$
our share of all unused amples: Agreements of mpanies, or others	Additional account: prepayments deposits you have made with landlords, prepaid re Institut Electric: Gas: Heating oil:	so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications	\$\$ \$\$ \$\$
ur share of all unused amples: Agreements of mpanies, or others	Additional account: prepayments deposits you have made with landlords, prepaid re Institut Electric: Gas: Heating oil:	so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications on name or individual:	- \$ \$ \$
ur share of all unused amples: Agreements of mpanies, or others	Additional account: prepayments deposits you have made with landlords, prepaid re Institut Electric: Gas: Heating oil: Security deposit on rental u	so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications on name or individual:	\$\$ \$\$ \$\$
our share of all unused amples: Agreements of mpanies, or others	Additional account: prepayments deposits you have made with landlords, prepaid re Institut Electric: Gas: Heating oil: Security deposit on rental u	so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications on name or individual:	\$\$ \$\$ \$\$ \$\$
our share of all unused amples: Agreements of mpanies, or others	Additional account: prepayments deposits you have made with landlords, prepaid re Institut Electric: Gas: Heating oil: Security deposit on rental u Prepaid rent: Telephone:	so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications on name or individual:	\$\$ \$\$ \$\$
our share of all unused amples: Agreements of mpanies, or others	Additional account: prepayments deposits you have made with landlords, prepaid re Institut Electric: Gas: Heating oil: Security deposit on rental un Prepaid rent: Telephone: Water:	so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications on name or individual:	\$\$ \$\$ \$\$ \$\$
our share of all unused camples: Agreements of all unused camples and agreements of all unused or others.	Additional account: prepayments deposits you have made with landlords, prepaid re Institut Electric: Gas: Heating oil: Security deposit on rental u Prepaid rent: Telephone: Water: Rented furniture: Other:	so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications on name or individual:	\$\$ \$\$ \$\$ \$\$ \$\$
our share of all unused camples: Agreements of all unused camples: Agreements of an arrow of the state of the	Additional account: prepayments deposits you have made with landlords, prepaid re Institut Electric: Gas: Heating oil: Security deposit on rental u Prepaid rent: Telephone: Water: Rented furniture: Other:	so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications on name or individual:	\$\$ \$\$ \$\$ \$\$ \$\$
mpanies: Agreements of the solution of the sol	Additional account: prepayments deposits you have made with landlords, prepaid re Institut Electric: Gas: Heating oil: Security deposit on rental under the s	so that you may continue service or use from a company nt, public utilities (electric, gas, water), telecommunications on name or individual:	\$\$ \$\$ \$\$ \$\$ \$\$

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First Name Middle Name Last Name Case number (if known)

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24. Interests in an education IRA, in an account 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(ount in a qualified ABLE program, or under a qualified state b)(1).	tuition program.	
YesInstitution	name and description. Separately file the records of any interest	s.11 U.S.C. § 521(c):	
			•
			•
-		,	\$
			J
25. Trusts, equitable or future interests in percentage of the second of	roperty (other than anything listed in line 1), and rights or p	owers	
Yes. Give specific information about them		The second secon	\$
26. Patents, copyrights, trademarks, trade Examples: Internet domain names, websit	secrets, and other intellectual property es, proceeds from royalties and licensing agreements		
Yes. Give specific information about them		And the second s	\$
27. Licenses, franchises, and other genera Examples: Building permits, exclusive lice	l intangibles nses, cooperative association holdings, liquor licenses, profession	onal licenses	
Yes. Give specific information about them			\$
Money or property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you			
No Yes. Give specific information			
about them, including whether		_	
you already filed the returns and the tax years	5	State: \$_	
		.ocal: \$	
29. Family support Examples: Past due or lump sum alimony, No Yes. Give specific information	spousal support, child support, maintenance, divorce settlemen	t, property settlement	
Tes, Give specific information	AI	imony:	\$
	M	aintenance:	\$
	Se	upport:	\$
	Di	vorce settlement:	\$
	Pr	operty settlement:	\$
	nce payments, disability benefits, sick pay, vacation pay, worke d loans you made to someone else	rs' compensation,	
Yes. Give specific information			•
			\$

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TIMA MARIE HALL JORdan

Debtor 1

Case number (# known) 1714629

31. Interests in insurance policies Examples: Health, disability, or life insurance	ce; health savings account (HSA);	credit, homeowner's, or renter's insurance	
Yes. Name the insurance company of each policy and list its value	Company name:	Beneficiary:	Surrender or refund value:
			\$
			\$
32. Any interest in property that is due you for the lift you are the beneficiary of a living trust, exproperty because someone has died.		ce policy, or are currently entitled to receive	\$
Yes. Give specific information			\$
33. Claims against third parties, whether or Examples: Accidents, employment disputes No Pes. Describe each claim	=		
Tes. Describe each dam			\$
34. Other contingent and unliquidated claims to set off claims	s of every nature, including cou	nterclaims of the debtor and rights	_
Yes. Describe each claim			\$
35. Any financial assets you did not already No Ves. Give specific information	list		s
36. Add the dollar value of all of your entries for Part 4. Write that number here			<u>, 250,00</u>
	t telephologick og sekerntent gipt til til sekere pri gen telephorekeposites sykle et er e opferer omganlere	olom (Kalifa – Meno) (Meno) (M	er til framskille skrivelige om de deskete måret se klasse om en en en et segment i kaldesse hiller
		n or Have an Interest In. List any r	eal estate in Part 1.
No. Go to Part 6. Yes. Go to line 38.	e interest in any business-relate	ed property?	
			Current value of the portion you own? Do not deduct secured claims or exemptions.
38. Accounts receivable or commissions you	ı already earned		
☐ No☐ Yes. Describe			\$
		es, rugs, telephones, desks, chairs, electronic devices	-
☐ No ☐ Yes. Describe]s

Case 17-14629-amc Doc 16 Entered 08/14/17 11:25:52 Desc Main Filed 08/11/17 Page 9 of 34 Debtor 1 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ☐ No ☐ Yes, Describe... 41. Inventory ☐ No ☐ Yes. Describe. 42. Interests in partnerships or joint ventures ☐ No Yes. Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations ☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 44. Any business-related property you did not already list ☐ No ☐ Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6: If you own or have an interest in farmland, list it in Part 1. 46.Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish **M**No ☐ Yes.....

11- Jordan Debtor 1 48. Crops—either growing or harvested Yes. Give specific information...... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade 🛛 No 50. Farm and fishing supplies, chemicals, and feed 🔼 No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list M No Yes. Give specific information...... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 56. Part 2: Total vehicles, line 5 57. Part 3: Total personal and household items, line 15 58. Part 4: Total financial assets, line 36 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 Copy personal property total → + \$ 62. Total personal property. Add lines 56 through 61. 63. Total of all property on Schedule A/B. Add line 55 + line 62.....

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Fill in this information to identify your case:				
Debtor 1 TINA MARIE 1	tall-Tord	21		
Debtor 2 (Spouse, if filing) First Name Middle Name	Last Name			
	istrict of			
Case number 1714629				Check if this is an amended filing
				ae.
Official Form 106C				
Schedule C: The Prop	erty You	Claim	as Exemp	04/16
Be as complete and accurate as possible. If two ma Using the property you listed on <i>Schedule A/B: Prop</i> space is needed, fill out and attach to this page as n your name and case number (if known).	perty (Official Form 106A	VB) as your so	urce, list the property that	you claim as exempt. If more
For each item of property you claim as exempt, y specific dollar amount as exempt. Alternatively, of any applicable statutory limit. Some exemption retirement funds—may be unlimited in dollar amilimits the exemption to a particular dollar amount would be limited to the applicable statutory amounts.	you may claim the full ins—such as those for ount. However, if you it and the value of the	fair market va health aids, r claim an exen	alue of the property bein rights to receive certain nption of 100% of fair ma	g exempted up to the amount benefits, and tax-exempt arket value under a law that
Part 1: Identify the Property You Claim	as Exempt			
Which set of exemptions are you claiming?	Check one only even if	vour spouse is	s filing with you	
☐ You are claiming state and federal nonbank	kruptcy exemptions. 11	•	-	
You are claiming federal exemptions. 11 U	.S.C. § 522(b)(2)			
2. For any property you list on Schedule A/B ti	nat you claim as exem _l	pt, fill in the in	nformation below.	
Brief description of the property and line on	Current value of the	Amount of th	ne exemption you claim	Specific laws that allow exemption
Schedule A/B that lists this property	portion you own		, ,	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only o	ne box for each exemption.	
Brief description:	\$	□ \$		
Line from Schedule A/B:			fair market value, up to icable statutory limit	
Brief description:	\$	□s		
Line from Schedule A/B:			fair market value, up to icable statutory limit	
Brief description:	\$	□ s		
Line from Schedule A/B:			fair market value, up to icable statutory limit	
3. Are you claiming a homestead exemption of		. 61-d 6		.
(Subject to adjustment on 4/01/19 and every 3 to No	•		•	J
Yes. Did you acquire the property covered to No	by the exemption within	1,215 days be	fore you filed this case?	
Yes				

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TIMA MARIE HALL FORCE (# KNOWN)

Part 2:

Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B;		any applicable statutory limit	
Brief description:	\$	\$ 100% of fair market value, up to	
Line from Schedule A/B: ———		any applicable statutory limit	
Brief description:	\$		
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$	\$ 100% of fair market value, up to	
Line from Schedule A/B:		any applicable statutory limit	
Brief description:	. \$	\$ 100% of fair market value, up to	
Line from Schedule A/B:		any applicable statutory limit	
Brief description:	. \$	s	
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	. \$		
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	. \$	\$ 100% of fair market value, up to	
Line from Schedule A/B:		any applicable statutory limit	
Brief description:	. \$	s	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	
Brief description:	. \$		
Line from Schedule A/B:		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	. \$	\$	
Line from Schedule A/B: ———		any applicable statutory limit	
Brief description:	. \$	s	
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your con-			
Fill in this information to identify your case	14.11 - 15.21 - 2		
Debtor 1 First Name Middle Na	me Last Name		
Debtor 2 (Spouse, if filing) First Name Middle No.	erne Last Name		
United States Bankruptcy Court for the:	District of		
Case number 1714629		По	neck if this is an
(If known)			nended filing
Official Farms 400D			
Official Form 106D	W		
	S Who Have Claims Secure		12/15
Be as complete and accurate as possible. information. If more space is needed, copy additional pages, write your name and cas	If two married people are filing together, both are ed the Additional Page, fill it out, number the entries, e number (if known).	ually responsible for supplying c and attach it to this form. On the t	orrect op of any
1. Do any creditors have claims secured by	y your property?		
No. Check this box and submit this form Yes, Fill in all of the information below.	n to the court with your other schedules. You have noth	ing else to report on this form.	
res. I iii iii aii of the information below.			
Part 1: List All Secured Claims			0.10
for each claim. If more than one creditor ha	ore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. abetical order according to the creditor's name.	Column A Column B Amount of claim Value of collateral. Do not deduct the value of collateral.	
2.1 WATER ROVENIES	Describe the property that secures the claim:	s 1, 011.15 s	\$
Creditor's Name	DAST Dis il Men Some] '	
Number Street	charges the		
JHK BLVD	As of the date you file, the claim is? Check all that apply Contingent		
City State ZIP Code	☐ Unliquidated ☐ Disputed		
Who owes the debt? Check one.	Nature of lien. Check all that apply.		
Debtor 1 only	An agreement you made (such as mortgage or secured		
Debtor 2 only Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)		
At least one of the debtors and another	Judgment lien from a lawsuit Other (including a right to offset)		
Check if this claim relates to a community debt	Other (including a right to onset)	_	
Date debt was incurred 52116	Last 4 digits of account number 5702		
22 Wister Revenue	Describe the property that secures the claim:	<u>\$ 904,66\$</u>	\$
Creditor's Name	my Deceased moms		
Number Street	As of the date you file, the claim is: Check all that apply	<u>.</u>	
0014 01 10100	☐ Contingent		
City State ZIP Code	Unliquidated Disputed		
Who owes the debt? Check one.	Nature of lien. Check all that apply.		
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)		
Debtor 2 only Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)		
At least one of the debtors and another	Judgment lien from a lawsuit Other (including a right to offset)	_	
Check if this claim relates to a community debt			
Date debt was incurred 2012-2014	Last 4 digits of account number 5102	1916.4/1	
Add the dollar value of your entries in (Column A on this page. Write that number here:	P	

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Debtor 1

TITA	MARIE	HALLE	Tordan
irst Name	Middle Name	Last Name	·

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	i nat reality include reality	CONTRACTOR OF THE CONTRACTOR O			
Part 1: Af	iditional Page ter listing any entries on this p 2.4, and so forth.	age, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral,	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
- WAte	ek Revenue	Describe the property that secures the claim:	s1,011.75	\$	\$
Creditor's Nai 1401 Number	Street BLVD	Past Due water saver Thorges:			
Phil A	, PA 19102 State ZIP Code	As of the date ou file, the claim is: Check all that apply. Contingent Unliquidated Disputed			
Debtor 1 Debtor 2 Debtor 1 Debtor 1 Debtor 1 Check if	•	Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)	-		
Date debt w	as incurred 3/0///	Last 4 digits of account number $\frac{5}{1}$ $\frac{1}{0}$ $\frac{2}{2}$	3 3:7		
Creditor's Nan	TER REVENUE Street Street	Describe the property that secures the claim:	s <u>904,66</u>	? s	\$
Phi	LA PA 19102 State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	-		
Debtor 1 Debtor 2 Debtor 1 Debtor 1 Debtor 1 Debtor 1 Check if	only and Debtor 2 only one of the debtors and another this claim relates to a nity debt	Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)			
	as incurred		0500		
Creditor's Nar	<i>4 H</i>	Describe the property that secures the claim:	5 <u>25,001.</u>	7 <u>0</u>	\$
Number NOB HAKK	Street H. FRONTST. CISHAR PA 1740 State ZIP Code	My Declased mother mother mother mother apply. As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	to home.		
Debtor 1 (Debtor 2 (Debtor 1 (At least of	only and Debtor 2 only ne of the debtors and another this claim relates to a	An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)		0	
Date debt wa	as incurred	Last 4 digits of account number	ELLOR TH	× 11 a	R1
Add t	the dollar value of your entries	in Column A on this page. Write that number here:	s 19 16-41	1 26,9, 16	18116
	is the last page of your form, that number here:	add the dollar value totals from all pages.	£26,918.	He	

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Debtor 1

Tina	MARIE	HAIF	Jordan
First Name	Middle Name	Last Name	

Case number (# known) 1714629

P	art 2:	List Others to Be No	otified for a Debt	That You Already	y Listed
ag	gency is try ou have mo	ing to collect from you f	or a debt you owe to any of the debts that	someone else, list the you listed in Part 1,	a debt that you already listed in Part 1. For example, if a collection ne creditor in Part 1, and then list the collection agency here. Similarly, if list the additional creditors here. If you do not have additional persons to
					On which line in Part 1 did you enter the creditor?
<u> </u>	Name				Last 4 digits of account number
					_
	Number	Street			
		***************************************	402/10		_
-	City		State	ZIP Code	_
				**************************************	On which line in Part 1 did you enter the creditor?
	Name	***************************************			Last 4 digits of account number
	Name				Last 4 digits of account fidniber
	Number	Street			
					_

	City	AN AN AND AND COMPANY OF STREET AND STREET AND COMPANY OF STREET A	State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			_
		10.00000000		***************************************	_
	City		State	ZIP Code	-
		ng Lidas taka ang kaland 2 ang 1975 at 1975 at 1985 at 19 86, sanahali dan anan jama tang kalanda (1985). Sanah	EST (AND THE PARTY AND THE PAR	The production when the same to the same of the same o	On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Chanad			-
	Number	Street			
		***************************************			-
	City		State	ZIP Code	_
		e suppliere e suspense de servicio de la composition della composi	and the state of t	POSICIONE AND	On which line in Part 1 did you enter the creditor?
ш	Name				Last 4 digits of account number
	Number	Street		-	
					_
	City		State	ZIP Code	_
	OILY	B. Naza karin dari kanda salam dari kanda da	OLGIG	ZII OUG	
Ш	NI-				On which line in Part 1 did you enter the creditor?
-	Name				Last 4 digits of account number
	Number	Street			-
					_
		-			-
	City		State	ZIP Code	-

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Fi	ill in this information to identify your case:					
De	ebtor 1 First Name Middle Name	11-Jordan				
	ebtor 2 pouse, if filing) First Name Middle Name	Last Name				
Uı	nited States Bankruptcy Court for the: Dist	trict of				
	ase number 1714629					k if this is an ided filing
Of	fficial Form 106E/F					
	chedule E/F: Creditors W	Vho Have Unseci	ured Clain	15		12/15
	as complete and accurate as possible. Use Part				NONPRIORIT	
List A/B cre- nee	t the other party to any executory contracts or u 3: Property (Official Form 106A/B) and on Sched ditors with partially secured claims that are liste eded, copy the Part you need, fill it out, number y additional pages, write your name and case nu	mexpired leases that could resul lule G: Executory Contracts and le ed in Schedule D: Creditors Who the entries in the boxes on the le	t in a claim. Also lis Unexpired Leases (C Have Claims Secur	st executory co Official Form 10 red by Property.	ntracts on Sc 6G). Do not i If more spac	chedule include any ce is
Pa	rt 1: List All of Your PRIORITY Unsecur	ed Claims				
	Do any creditors have priority unsecured claim No. Go to Part 2.	s against you?				
2	Yes.	raditar has more than one priority.	nacourad alaim list th		ntalii far aaab	alaim Car
	List all of your priority unsecured claims. If a creach claim listed, identify what type of claim it is. If nonpriority amounts. As much as possible, list the cunsecured claims, fill out the Continuation Page of	a claim has both priority and nonproclaims in alphabetical order accordi	iority amounts, list th ng to the creditor's na	at claim here and ame. If you have	d show both p more than tw	riority and o priority
	(For an explanation of each type of claim, see the i		•			
	_			Total claim	Priority amount	Nonpriority amount
2.1		Look A digita of gons out number		s	5	\$
	Priority Creditor's Name	Last 4 digits of account number		Ψ	Ψ	. *
	Number Street	When was the debt incurred?				
		As of the date you file, the claim	is: Check all that apply	٠.		
	City State ZIP Code	Contingent				
	Who incurred the debt? Check one.	Unliquidated				
	Debtor 1 only	☐ Disputed				
	Debtor 2 only	Type of PRIORITY unsecured	claim:			
	Debtor 1 and Debtor 2 only	Domestic support obligations				
	At least one of the debtors and another	Taxes and certain other debts yo	-			
	☐ Check if this claim is for a community debt	Claims for death or personal inju	ry while you were			
	Is the claim subject to offset?	intoxicated Other. Specify				
	Yes					
2.2		Last 4 digits of account number		*	**************************************	*
	Pnonty Creditor's Name	When was the debt incurred?		\$	\$. \$
	Number Street	As of the date you file, the claim	is: Check all that apply			
		Contingent	is. Officer an trial apply			
	City State ZIP Code	Unliquidated				
	Who incurred the debt? Check one.	☐ Disputed				
	Debtor 1 only	Type of PRIORITY unsecured of	laim:			
	Debtor 2 only	Domestic support obligations	,iaiiii.			
	Debtor 1 and Debtor 2 only	Taxes and certain other debts yo	u owe the government			
	At least one of the debtors and another	Claims for death or personal injur				
	Check if this claim is for a community debt	intoxicated				
	Is the claim subject to offset? No Yes	Other. Specify				

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Debtor 1

	INA	MAR	iE -	Docume HALL	So Ro	Page (凶)
rst Nan	ne Mid	dle Name	Last Nar	ne		

Case number ((f known) 1714629

r listing any entries on this page, number ther	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
			•	_
Priority Creditor's Name	Last 4 digits of account number	\$	\$	ъ
	When was the debt incurred?			
Number Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	☐ Unliquidated			
	☐ Disputed			
Who incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	☐ Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated			
•	Other. Specify			
s the claim subject to offset?				
□ No				
Yes				
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
'nonty Creditor's Name				
lumber Street	When was the debt incurred?			
ambar Guest	As of the date you file the claim is: Check all that apply			
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
	Turns of BRIORITY was sound a lating.			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only Debtor 1 and Debtor 2 only	☐ Domestic support obligations			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Taxes and certain other debts you owe the government			
	☐ Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated Other. Specify			
the state of the state of the	Cities specify			
s the claim subject to offset?				
□ No				
☑ Yes				
	Last 4 digits of account number	s	\$	\$
riority Creditor's Name	- — — — —			
Observe	When was the debt incurred?			
umber Street				
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
State ZIP Code	☐ Unliquidated			
	☐ Disputed			
Vho incurred the debt? Check one.				
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	☐ Domestic support obligations			
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
At least one of the debtors and another	Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated			
and a second to the design and debt	Other. Specify			
the claim subject to offset?				
⊋ No				
Yes				

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Debtor 1 First Name Midde Name Last Name Case number (if known) 17/14629

Rever 2: List All of Your NONPRIORITY Unsecured Claims

Pa	rt 2: List All of Your NONPRIORITY Unsecure	ed Claims						
3.	Do any creditors have nonpriority unsecured claims a	against you?						
	□ No. You have nothing to report in this part. Submit this form to the court with your other schedules. □ Yes							
	nonpriority unsecured claim, list the creditor separately for	r each claim. F	der of the creditor who holds each claim. If a creditor has for each claim listed, identify what type of claim it is. Do not the other creditors in Part 3.If you have more than three nor	list claims already				
				Total claim				
1			Last 4 digits of account number					
	Nonpriority Creditor's Name		When was the debt incurred?	\$				
	Number Street							
	City State ZIP Co	ode	As of the date you file, the claim is: Check all that apply.					
	Nether in commend the stable? Charles		Contingent					
	Who incurred the debt? Check one. Debtor 1 only		☐ Unliquidated ☐ Disputed					
	Debtor 2 only		Lisputed					
	Debtor 1 and Debtor 2 only	•	Type of NONPRIORITY unsecured claim:					
	At least one of the debtors and another		Student loans					
	$f \Box$ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts Other. Specify					
	☐ Yes		Other. Speary					
2			Last 4 digits of account number					
_	Nonprionty Creditor's Name		When was the debt incurred?					
	,							
	Number Street		As of the date you file, the claim is: Check all that apply.					
	City State ZIP Co	ode	☐ Contingent					
	Who incurred the debt? Check one.		Unliquidated					
	Debtor 1 only		☐ Disputed					
	Debtor 2 only		Type of NONPRIORITY unsecured claim:					
	Debtor 1 and Debtor 2 only							
	At least one of the debtors and another		☑ Student loans☑ Obligations arising out of a separation agreement or divorce					
	Check if this claim is for a community debt		that you did not report as priority claims					
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts					
	□ No □ Yes	ı	Other. Specify					
3								
	Nonpriority Creditor's Name		Last 4 digits of account number	\$				
		,	When was the debt incurred?					
	Number Street			and the same of th				
	City State ZIP Co	nde .	As of the date you file, the claim is: Check all that apply.	LA PORTION AND THE STATE OF THE				
	,		Contingent					
	Who incurred the debt? Check one.	I	☐ Unliquidated					
	☐ Debtor 1 only ☐ Debtor 2 only	l	☐ Disputed					
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	Office Action (Action Action (Action (
	At least one of the debtors and another		_	Company				
	☐ Check if this claim is for a community debt	_	■ Student loans ■ Obligations arising out of a separation agreement or divorce	Additional				
	Is the claim subject to offset?		that you did not report as priority claims	Activity				
	No		Debts to pension or profit-sharing plans, and other similar debts	MELLACYPEALA				
	Yes	·	Other. Specify	Acquisite and the second secon				

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Debtor 1



Case number utknown

1714629

Pa	rŧ	2:

Your NONPRIORITY Unsecured Claims — Continuation Page

er listing any entries on this page, number them beginning wit	th 4.4, followed by 4.5, and so forth.	Total claim
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
Debtor 1 only	Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
•	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other, Specify	
☐ No ☐ Yes		
	Last 4 digits of account number	\$
Nonpriority Creditor's Name		
	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Student loans	
At least one of the deptors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify	
□ No		
☐ Yes		
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	□ Contingent	
Miles insurred the debt? Check are	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Time of NONDRIGRITY was sound alaim.	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans	
Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
·	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify	
I F No.		

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Debtor 1

and the second of the second o			Document	Pag
lina	MARI	EHS	All Joko	lan
st Name	Middle Name	Last Name		

Case number (if known) 1714629

Part 3:

List Others to Be Notified About a Debt That You Already Listed

				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
10111201	0.000			Part 2: Creditors with Nonpriority Unsecured Claim
				Last 4 digits of account number
City		State	ZIP Code	
	***************************************			On which entry in Part 1 or Part 2 did you list the original creditor?
Vame				Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
	His traditional and the second and t			On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured
				Claims
				Last 4 digits of account number
City	Horizotakinin az algokinin eren solgen informatikalırındı kangandı. Here	State	ZIP Code	
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
, market 1997	man of America committee To North Committee Co			On which entry in Part 1 or Part 2 did you list the original creditor?
lame				
lumber	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
dilibei	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
				On which entry in Part 1 or Part 2 did you list the original creditor?
lame				Line of (Check and): The Port to Conditions with Bright Harmond Charles
lumber	Street	***************************************		Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
				Claims
				Last 4 digits of account number
ity		State	ZIP Code	Lust 4 digits of account number
lame				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
lumber	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
ity		State	ZIP Code	Last 4 digits of account number
		0.0.0		

Case 17-14629-amc Doc 16 Filed 08/11/17 Entered 08/14/17 11:25:52 Desc Main Page 21 of 34 Document-Debtor 1 Add the Amounts for Each Type of Unsecured Claim Part 4: 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim. Total claim 6a. Domestic support obligations 6a. Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6b. 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total. Add lines 6a through 6d. 6e Total claim 5,000 6f. Student loans 6f. Total claims from Part 2 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6j.

6j. Total. Add lines 6f through 6i.

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Fil	l in this information to identify your case:		
De	btor TINA MARIE HAII-JORdon Eirst Name Middle Name Last Name		
	btor 2 ouse If filing) First Name Middle Name Last Name		
Ca	ited States Bankruptcy Court for the: District of se number District of known)		☐ Check if this is an amended filing
<u></u>	Faial Farm 1000		g
	ficial Form 106G chedule G: Executory Contracts and	Unexpired Leases	12/15
Be a info add	as complete and accurate as possible. If two married people are filing togormation. If more space is needed, copy the additional page, fill it out, numitional pages, write your name and case number (if known). Do you have any executory contracts or unexpired leases?	ether, both are equally responsible for sup ther the entries, and attach it to this page.	plying correct On the top of any
2. 1.	Yes. Fill in all of the information below even if the contracts or leases are I		
2.	List separately each person or company with whom you have the contract example, rent, vehicle lease, cell phone). See the instructions for this form it unexpired leases.		
	Person or company with whom you have the contract or lease	State what the contract or lease is f	or
2.1	Aarons Inc	Now Rofridagea	tox/Ice
Constitution of the Consti	Name 301 W. Chelten Ave	New Refrigera	
	City State ZIP Code	\$86.39	zer month
2.2	Aaron's Inc	Dining Room 7	ableand
Avenue removes as an area	301 W. Chelten Ave	Chaire Set	
	City State ZIP Code	\$55,07 Pe	ur month
2.3	Name		
The state of the s	Number Street		
and the state of the	City State ZIP Code	ran water and committee the second committee that the contract of the second committee that the contract of th	kritiska eta miniska kriminar da hill a har y krimina eta arian krimina krimina kalendala aktoria da krimina
2.4	Name		
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2.5			
MANAGON CARGOSTONICA CONTRACTOR C	Number Street		
0000	City State ZIP Code		

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Debtor 1 **Additional Page if You Have More Contracts or Leases** What the contract or lease is for Person or company with whom you have the contract or lease 2.2 Name Number Street City ZIP Code State 2._ Name Number Street City State ZIP Code 2._ Name Number Street City ZIP Code State 2._ Name Number Street City State ZIP Code 2._ Name Number Street City State ZIP Code

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Nithin 10 years before you filed for ban are a beneficiary? (These are often calle		erty to a self-settled tru	ust or similar device of v	vhich you
☑ Yes. Fill in the details.	Description and value of the pro	perty transferred		Date transfer
Name of trust			The grant of adjusted through the control of deep control and participation	was made
				e . Postadania
t 8: List Certain Financial Accou	ınts, instruments, Safe Depos	it Boxes, and Stora	ge Units	la erangentusi atandaran atandaran erangkulan kunculuk pa Amul Handi kul kalandaran da salah da salah da salah
Vithin 1 year before you filed for bankr losed, sold, moved, or transferred? nclude checking, savings, money marl irokerage houses, pension funds, coo No Yes. Fill in the details.	ket, or other financial accounts; ce	rtificates of deposit; sh		
tos. I m m the details.	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance befo closing or transfe
AIL DOING LADON	/			
Name of Financial Institution P. O. BOX Number Street	×xxx <u>-4367</u>	Checking	9/7/2016	<u>s-224</u>
Name of Financial Institution P, O, BO X Number Street 700 Providence RF 06 City State ZIP Code	= xxxx <u>4367</u> - 2940		9/7/2016	<u>,-224</u>
110110	 xxxx-4367 2940 xxxx 	Savings Money market Brokerage	9/1/2016	<u>s-224</u>
Number Street 700 Providence RF 06 City State ZIP Code	<u> </u>	Savings Money market Brokerage Other Checking Savings Money market Brokerage	9/1/2016	s-224
Number Street 700 City State ZIP Code Name of Financial Institution	<u> </u>	Savings Money market Brokerage Other Checking Savings Money market	9/1/2016	s-224
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No Yes. Fill in the details.	Who else has or had access to It?	Describe the contents	Do you have it?
Name of Storage Facility	Name		□ No □ Yes
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			
19: Identify Property You Ho	d or Control for Someone Else		
r Hold in trust for someone. No Yes. Fill in the details.	Where is the property?	Describe the property	Value
			1
Owner's Name			\$
Owner's Name Number Street	Number Street		\$
Number Street		P Code	\$
Number Street City State ZIP Code	City State Zi	P Code	\$
Number Street City State ZIP Code	City State Zi	P Code	\$
Number Street City State ZIP Code 10: Give Details About Environmental law means any federal, sazardous or toxic substances, wastes	efinitions apply: state, or local statute or regulation control or material into the air, land, soil, s	oncerning pollution, contamination, relea	ises of
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Covernmental unit				
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Business Name EIN: Number Street	nin 4 years before you filed for bank A sole proprietor or self-employe A member of a limited liability co A partner in a partnership An officer, director, or managing An owner of at least 5% of the vo No. None of the above applies. Go to Yes. Check all that apply above and Business Name	ruptcy, did you own a business or haved in a trade, profession, or other activorable (LLC) or limited liability partner executive of a corporation oting or equity securities of a corporation Part 12. fill in the details below for each busin Describe the nature of the business	e any of the following connections to vity, either full-time or part-time virship (LLP) ion Employer Identification Do not include Social S EIN: Dates business existed	n number Security number or ITIN.
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Number Street	nin 4 years before you filed for bank A sole proprietor or self-employed A member of a limited liability color A partner in a partnership An officer, director, or managing An owner of at least 5% of the volume. No. None of the above applies. Go to Yes. Check all that apply above and Business Name Number Street City State ZIP Code	ruptcy, did you own a business or haved in a trade, profession, or other activorable (LLC) or limited liability partners of a corporation or equity securities of a corporation of Part 12. fill in the details below for each busin Describe the nature of the business Name of accountant or bookkeeper Describe the nature of the business	e any of the following connections to vity, either full-time or part-time rship (LLP) ion Employer Identification Do not include Social S EIN: Dates business existed From To Employer Identification	number Security number or ITIN.
	nin 4 years before you filed for bank A sole proprietor or self-employed A member of a limited liability color A partner in a partnership An officer, director, or managing An owner of at least 5% of the volume. No. None of the above applies. Go to Yes. Check all that apply above and Business Name Number Street City State ZIP Code	ruptcy, did you own a business or haved in a trade, profession, or other activorable (LLC) or limited liability partners of a corporation or equity securities of a corporation of Part 12. fill in the details below for each busin Describe the nature of the business Name of accountant or bookkeeper Describe the nature of the business	e any of the following connections to vity, either full-time or part-time or part-t	n number Security number or ITIN.
	nin 4 years before you filed for bank A sole proprietor or self-employe A member of a limited liability co A partner in a partnership An officer, director, or managing An owner of at least 5% of the vo No. None of the above applies. Go to Yes. Check all that apply above and Business Name Number Street City State ZIP Code	ruptcy, did you own a business or haved in a trade, profession, or other activorable (LLC) or limited liability partners of a corporation or equity securities of a corporation of Part 12. fill in the details below for each busin Describe the nature of the business Name of accountant or bookkeeper Describe the nature of the business	e any of the following connections to vity, either full-time or part-time or part-t	n number Security number or ITIN.
	nin 4 years before you filed for bank A sole proprietor or self-employe A member of a limited liability co A partner in a partnership An officer, director, or managing An owner of at least 5% of the vo No. None of the above applies. Go to Yes. Check all that apply above and Business Name Number Street City State ZIP Code	ruptcy, did you own a business or haved in a trade, profession, or other activoration (LLC) or limited liability partners are executive of a corporation or equity securities of a corporation of Part 12. fill in the details below for each busin Describe the nature of the business Name of accountant or bookkeeper Describe the nature of the business	e any of the following connections to vity, either full-time or part-time virship (LLP) ion Employer Identification Do not include Social S EIN: Dates business existed From To Employer Identification Do not include Social S EIN:	n number Security number or ITIN.

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or 1	First Name Middle Name Last I	THIT SORGON Case n	umber (if known) 1714629
		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
	Business Name		EIN: -
	Number Street	Name of accountant or bookkeeper	Dates business existed
	City State ZIP Code		From To
Sti	in 2 years before you filed for bankrup cutions, creditors, or other parties. o es. Fill in the details below.	tcy, did you give a financial statement to anyo Date issued	one about your business? Include all financial
	Name	MM / DD / YYYY	
	Number Street		
	City State ZIP Code		
12	- Sign Below		
			d I declare under penalty of periury that the
n c	wers are true and correct. I understand	t of Financial Affairs and any attachments, and that making a false statement, concealing presult in fines up to \$250,000, or imprisonme	roperty, or obtaining money or property by fraud
n c	wers are true and correct. I understand onnection with a bankruptcy case can	d that making a false statement, concealing p	roperty, or obtaining money or property by fraud
in c 18 L	wers are true and correct. I understand connection with a bankruptcy case can I.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1	signature of Debtor 2	roperty, or obtaining money or property by frauc nt for up to 20 years, or both.
ins n c 18 L	wers are true and correct. I understand connection with a bankruptcy case can I.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1	that making a false statement, concealing presult in fines up to \$250,000, or imprisonme	roperty, or obtaining money or property by frauch nt for up to 20 years, or both. iling for Bankruptcy (Official Form 107)?
ans in c 18 L bid	wers are true and correct. I understand connection with a bankruptcy case can I.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 you attach additional pages to Your S. Yes You pay or agree to pay someone who	statement of Financial Affairs for Individuals F	roperty, or obtaining money or property by fraud nt for up to 20 years, or both. illing for Bankruptcy (Official Form 107)? Our attacked.

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Fill in this information to id	entify your case:			
Debtor 1 First Name	Marie Ha	el-Jordan		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name		
United States Bankruptcy Court for	or the: District	of		
Case number 1714 (If known)	629		☐ Check	if this is ar
			amende	ed filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

case	number ((if known). Ans	wer every question.				
	No you ha	ave any codebto	ors? (If you are filing a	joint case, do not	list either spouse a	as a codebtor.)	
	Arizona, C					 (Community property states anshington, and Wisconsin.) 	<i>d territori</i> es include
/	_\		former spouse, or lega	al equivalent live v	vith you at the time	?	
	□ No)					
	☐ Ye	es. In which com	munity state or territory	did you live?		. Fill in the name and current add	dress of that person.
	Na	ame of your spouse, f	ormer spouse, or legal equival	lent		-	
	No	umber Street	la-bad			-	
	Ci	ty	State		ZIP Code	-	
	shown in S <i>chedule</i> Schedule	line 2 again as D (Official For	a codebtor only if tham 106D), Schedule E/ ule G to fill out Colum	at person is a gu F (Official Form	arantor or cosign		ne creditor on Schedule D, to whom you owe the debt
2.4						Check all schedules that	t apply:
3.1	Name					Schedule D, line	
	Manie					☐ Schedule E/F, line _	
	Number	Street				Schedule G, line	
	City		S	tate	ZIP Code		
3.2						Schedule D, line	
	Name					Schedule E/F, line _	
	Number	Street	110000000000000000000000000000000000000			Schedule G, line	
	City		91	tate	ZIP Code		
3.3	City				Zi Code		gagagani yagin nigaman ka giris con kon 1975 ya wilifa da dafarifikin na 1975 ya Bandingan mula da afarif kafi (M.). Ada ni A
0.0	Name					Schedule D, line	
						Schedule E/F, line _	
	Number	Street				Schedule G, line	
	City		Si	tate	ZIP Code		

Official Form 106H Schedule H: Your Codebtors page 1 of ____

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Debtor 1

TIMA	MARIE	HALL-Jordon	
First Name	Middle Name	Last Name	_

Case number (if known)	17	14	6	2	0	7

Additional Page to List More Codebtors Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Check all schedules that apply: ☐ Schedule D, line ____ Name ☐ Schedule E/F, line ____ ☐ Schedule G, line _____ Number Street City ZIP Code ☐ Schedule D, line ___ Name ☐ Schedule E/F, line ___ ☐ Schedule G, line ___ Number Street City ZIP Code ☐ Schedule D, line _____ Name ☐ Schedule E/F, line ___ ☐ Schedule G, line ____ Number Street City State ZIP Code ☐ Schedule D, line ____ Name ☐ Schedule E/F, line ___ ☐ Schedule G, line ___ Number Street City State ZIP Code ☐ Schedule D, line _ Name ☐ Schedule E/F, line ___ ☐ Schedule G, line ____ Number Street City ZIP Code ☐ Schedule D, line ____ Name ☐ Schedule E/F, line ___ ☐ Schedule G, line _____ Number Street City ZIP Code State ☐ Schedule D, line ____ Name ☐ Schedule E/F, line ___ ☐ Schedule G, line ____ Number Street City State ZIP Code 3.__ ☐ Schedule D, line ___ Name ☐ Schedule E/F, line ___ ☐ Schedule G, line ___ Number Street

City

ZIP Code

State

Fill in this information to identify	your case:				
Debtor 1 TIOA /	MARIE HAL	1- Jorda	4)_		
First Name Debtor 2	Middle Name	Last Name			
(Spouse, if filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:	District of				
Case number 1 1 4 4 3 (If known)	<u></u>			Check if the	nis is: ended filing
					ended filling blement showing postpetition chapter 13
055 2-15				income	e as of the following date:
Official Form 106I				MM / D	D / YYYY
Schedule I: You	ir Income				12/15
supplying correct information. If yo	ou are married and not fili se is not filing with you, top of any additional pag	ing jointly, and yo do not include inf	our spouse is l formation abo	living with y ut your spo	or 2), both are equally responsible for rou, include information about your spouse. use. If more space is needed, attach a nown). Answer every question.
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job,					
attach a separate page with information about additional employers.	Employment status	Employed Not employ	red		Employed Not employed
Include part-time, seasonal, or self-employed work.					Bur Organitor
Occupation may include student or homemaker, if it applies.	Occupation	***************************************			Day 1-1
	Employer's name				Septa.
	Employer's address				1234 MARKETST
		Number Street			Number Street
					Phild Pd 19107
		City	State ZIP C	Code	City State ZIP Code
	How long employed the	re?			TIEYKS
Part 2: Give Details About	Monthly Income				
spouse unless you are separated.		-		-	ite \$0 in the space. Include your non-filing
If you or your non-filing spouse ha below. If you need more space, at			ormation for all	employers it	or that person on the lines
			For	Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sala deductions). If not paid monthly,			2. \$	0	· 4,824
3. Estimate and list monthly over	time pay.		3. +\$(+ s
4. Calculate gross income. Add lin	ne 2 + line 3.		4. \$		s 4, 8a4

page 1

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Document Pag	ıge 31	of 34	
Debtor 1 In Analy Hall Jordan Middle Name Last Name		Case number (if know	1714629
		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	→ 4.	\$O	s 4,824
5. List all payroll deductions:		_	• •
5a. Tax, Medicare, and Social Security deductions	5a.	s 🗇	s 89.48
5b. Mandatory contributions for retirement plans	5b.	\$ O	\$ 50,00
5c. Voluntary contributions for retirement plans	5c.	\$	s_50,00
5d. Required repayments of retirement fund loans	5d.	\$	<u>\$</u>
5e. Insurance	5e.	\$	s
5f. Domestic support obligations	5f.	s	\$ <u>()</u>
5g. Union dues	5g.	\$	s 13.29
5h. Other deductions. Specify: White Way	5h. 🕇	-\$	+ \$ 0.50
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	n. 6.	\$	s <u>203.2</u> 7
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	s4,620,73
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm			
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	s
8b. Interest and dividends	8b.	\$	\$ <u> </u>
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	lent		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$
8d. Unemployment compensation	8d.	\$	\$
8e. Social Security	8e.	\$	\$
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistar that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ince 8f.	s_ <u> </u>	s
8g. Pension or retirement income	8g.	s0	s
8h. Other monthly income. Specify:	8h. +	·s()	+\$
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	<u>\$</u>	\$
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	<u>\$</u> 0+	s4620,73 s4,620,7
11. State all other regular contributions to the expenses that you list in School			•
Include contributions from an unmarried partner, members of your household, y friends or relatives.	your dep	endents, your room	mates, and other
Do not include any amounts already included in lines 2-10 or amounts that are Specify:		, , ,	es listed in <i>Schedule J</i> 11. + \$
12. Add the amount in the last column of line 10 to the amount in line 11. The			bly income

Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

monthly income

Do not list Debtor 1 and Debtor 2. Do not state the dependents' names. Dependent's relationship to Debtor 2 age with you? Does dependent live with you? No Yes	Debtor 1 Debtor 2 (Spouse, if filing) Case number (If known) First Name Case number (If known) First Name (If known) Official Form 106J	E Hall-Jord	expens	ended filir olement st	_	petition chapter 13 date:
Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is thip a joint case? No. Go to line 2. Yes. Debtor 2 live in a separate household? No. Go to line 2. Yes. Debtor 2 must file Official Form 1061-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? Do not list Debtor 1 and Debtor 2. Do not state the dependents' each dependent. Do not state the dependents' each dependent. No. Yes. No.	Schedule J: Your E	xpenses				12/15
1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106.J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents?	Be as complete and accurate as possible. information. If more space is needed, attac (if known). Answer every question.	If two married people are fili h another sheet to this form		-		-
No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do you have dependents?						
Do not list Debtor 1 and Debtor 2. Do not state the dependents' each dependent	No. Go to line 2. Yes. Does Debtor 2 live in a separate No		eparate Household of Debtor 2.			
Do not state the dependents' names. No Yes	Do not list Debtor 1 and	s. Fill out this information for				
No Yes No Your expenses No	Do not state the dependents'	ат аерепаен				Yes
expenses of people other than your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance						Yes No Yes No Yes No Yes No No No
Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance	expenses of people other than					
expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4b. S HO DO	Part 2: Estimate Your Ongoing Mon	thly Expenses				
such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance	expenses as of a date after the bankruptcy	• •	= ::			•
4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4b. \$\text{\tex	· · · · ·				Your exper	nses
4a. Real estate taxes 4a. \$	4. The rental or home ownership expenses	·	•	4.		
4b. Property, homeowner's, or renter's insurance 4b. \$	If not included in line 4:					
$\mathcal{H} \mathcal{D} \mathcal{D} \mathcal{D}$	4a. Real estate taxes			4a.	\$)
4c. Home maintenance, repair, and upkeep expenses 4c. \$ 4c. \$	4b. Property, homeowner's, or renter's in	surance		4b.	\$ 7/0	2 00
Ad. Hamasuman's accomistion or condominium dues				4c.	s 7 ()

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Debtor 1 First Name Middle Name Last Name Case number (if known) 1714629

			Your e	xpenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	
	Utilities:	٠.		
Ο.	6a. Electricity, heat, natural gas	6a.	e ((00 00)
	6b. Water, sewer, garbage collection	6b.	(1H)-4	=101±.\$1,0//
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	9 /	100.00
	6d. Other. Specify: <u>(at + Dog Food</u>		φ	50,00
7		6d.	»	200,00
	Food and housekeeping supplies	7.	\$ <u>_</u> _	0
	Childcare and children's education costs	8.	\$	
	Clothing, laundry, and dry cleaning	9.	\$	50.00
	Personal care products and services	10.	\$	70.00
	Medical and dental expenses	11.	\$	
2.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	20,00
3.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	10.00
4.	Charitable contributions and religious donations	14.	\$	
5.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0
	15b. Health insurance	15b.	\$	0
	15c. Vehicle insurance	15c.	\$	0
	15d. Other insurance. Specify:	15d.	\$	Ŏ
ŝ.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0
7.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	<u>O</u>
	17b. Car payments for Vehicle 2	17b.	\$	0
	17c. Other. Specify:	17c.	\$	0
	17d. Other. Specify:	17d.	\$	0
8.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0
9.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0
า	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income			
٠.	20a. Mortgages on other property		\$	0
		20a.	Ψ	<u>ā</u>
	20b. Real estate taxes	20b.	Ф	8
	20c. Property, homeowner's, or renter's insurance	20c.	\$	O. DO FRROK
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	A THE
	20e Homeowner's association or condominium dues	200	\$	しつ

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Debt	or 1 First Name Middle Name Last Name	Case number (if known) 1714629
21.	Other. Specify:	21. +\$
	Calculate your monthly expenses. 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.	22a. \$ 2,068,75 22b. \$ 0 22c. \$ 2,068,75
2:	Galculate your monthly net income. Ga. Copy line 12 (your combined monthly income) from Schedule I. Gb. Copy your monthly expenses from line 22c above. Gc. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23a. \$ 3,002.24 23b\$ 2,068.75 23c. \$ 933.49

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

Yes. Explain here: Our Home needed a new reprigated.

We could not a booked to buy it. so we are paying it off. 90.00 amonth as well as a new table set \$50.00 amonth.

Also I currently am not working.

So the ineume has decreased as well

as of June 23Rd, 2017, I have not worked.

Sina Hall forden 8-9-17